



TRANSYLVANIA UNIVERSITY

TEACHER'S OR PROFESSOR'S EVALUATION AND RECOMMENDATION

Student: Please ask a teacher or professor who has taught you in an academic subject in the last two years to complete this form and mail it to the Office of Admissions by the appropriate deadline.

Recommender: Transylvania University is interested in learning about this applicant's academic and personal qualifications. This form will be used for both admission and scholarship decisions. Please call us if you have any questions at (800) 872-6798 or (859) 233-8242 or send e-mail to admissions@transy.edu.

Student's Full Name

High School or College/University

City

State

Zip Code

How long have you known this student? _____

In what class(es) did you teach this student? _____

What grade(s) did this student earn in your class(es)? _____

Do you know this student in a capacity outside of school? ☐ Yes ☐ No

If yes, please explain. _____

What are the first words that come to your mind to describe this student? _____

Complete the evaluation below and write a letter of recommendation for the applicant. Base your evaluation on a comparison of this student with *all other students you have known*. Any comments that explain your rating should be written in the appropriate column. If you are not qualified to rank the student on a characteristic, indicate that in the appropriate column.

Characteristics	Top 5%	Top 10%	Top 25%	Top 50%	Below Average	No Opportunity to Observe
Oral Expression						
Written Expression						
Organizational Skills						
Maturity						
Dependability						
Integrity						
Perseverance						
Initiative						
Overall Evaluation						

(Continued on back)

LETTER OF RECOMMENDATION

You may write your letter in this space or attach it to this form. Your evaluation of this student will be very important in helping us determine whether to accept this student for admission and consider him or her for scholarships. We are particularly interested in the candidate's intellectual promise, enthusiasm, special talents, and performance in the classroom.

☐ I highly recommend this student.

☐ I recommend this student.

☐ I recommend *with reservation*.

☐ I do not recommend.

☐ Mr. ☐ Mrs.

☐ Ms. ☐ Dr. _____ Title _____

School Name and Address _____

Street City

State Zip Code Office Phone (_____) _____

Signature _____ E-Mail _____

Return to: Transylvania University, Office of Admissions, 300 North Broadway, Lexington, KY 40508-1797